

P09000061645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

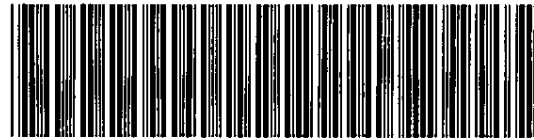
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

*Amend*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Bayside Recovery Inc

DOCUMENT NUMBER: P09000061645

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur Lee Perkins

Name of Contact Person

Bayside Recovery Inc

Firm/ Company

9033 66th Street North

Address

Pinellas Park, Florida 33782

City/ State and Zip Code

lperkins73@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Lee Perkins

Name of Contact Person

at ( 727 ) 482-5297

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2014

ARTHUR LEE PERKINS  
BAYSIDE RECOVERY INC  
9033 66TH STREET NORTH  
PINELLAS PARK, FL 33782

SUBJECT: BAYSIDE RECOVERY INC  
Ref. Number: P09000061645

We have received your document for BAYSIDE RECOVERY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Returning document as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 414A00023452

RECEIVED  
14 NOV 17 PM 1:33  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Bayside Recovery Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000061645

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

9033 66th Street North  
Pinellas Park, Florida  
33782

C. Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

9033 66th Street North  
Pinellas Park, Florida  
33782

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Bill Larson  
11199 69th Street North  
(Florida street address)

New Registered Office Address: Largo, Florida 33773  
(City) (Zip Code)

SECRETARY  
TALLAHASSEE, FLORIDA

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing



(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

**50/50 partnership in Bayside Recovery Inc.**

The date of each amendment(s) adoption: october 14th 2014, if other than the date this document was signed.

Effective date if applicable: october 14th 2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated october 14th 2014

Signature Arthur Lee Perkins  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Arthur Lee Perkins  
(Typed or printed name of person signing)

President  
(Title of person signing)

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